

**KENTUCKY BOARD OF LICENSURE FOR OCCUPATIONAL THERAPY**  
**P. O. Box 1360**  
**Frankfort, KY 40602**  
**502/564-3296**  
<http://bot.ky.gov>

**REINSTATEMENT APPLICATION FOR LICENSURE AS AN  
OCCUPATIONAL THERAPIST**

Reinstatement			Comments
1.	Application Fee	<input type="checkbox"/>	
2.	Completion of state(s) verification form(s)	<input type="checkbox"/>	
3.	Current or initial copy of large NBCOT certificate or score report	<input type="checkbox"/>	
4.	Proof of continuing education	<input type="checkbox"/>	
	A. If license has been expired for three (3) years or less, they must show proof of 12 CEUs per year.		
	B. If license has been expired for three (3) years or more, they must show proof of 36 hours of CEU		

**Applicant should submit in typewritten form or print clearly. Attach a check or money order payable to the Kentucky State Treasurer in the amount of \$150.00 and mail to the address above.**

**Name** \_\_\_\_\_ **License # R** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_

**Home Address** \_\_\_\_\_  
Street City State Zip

**Work Address** \_\_\_\_\_  
Street City State Zip

**Phone Number (H)** \_\_\_\_\_ **(W)** \_\_\_\_\_

**Do you currently, or have you ever, held a license in any other state(s)?** Yes \_\_\_\_\_ No \_\_\_\_\_.  
**If yes, list the states and attach a verification form.**

\_\_\_\_\_

**Do you have any complaints currently pending against a license held by you in any other state(s)?**  
Yes \_\_\_\_\_ No \_\_\_\_\_. **If yes, attach explanation(s).**

**Have you ever had an application for licensure as an occupational therapist rejected?**  
Yes \_\_\_\_\_ No \_\_\_\_\_. **If yes, attach explanation(s).**

**Have you had any disciplinary action taken against a license held by you in any other state(s)?**  
Yes \_\_\_\_\_ No \_\_\_\_\_. **If yes, attach explanation(s).**

**Have you ever been convicted of any felony?** Yes \_\_\_\_\_ No \_\_\_\_\_. **If yes, attach explanation(s).**

**Have you been convicted during the past five (5) years of a misdemeanor or any violation involving moral turpitude?** Yes \_\_\_\_\_ No \_\_\_\_\_. **If yes, attach explanation(s).**

Have you ever been declared mentally incompetent by a court of competent jurisdiction and not thereafter been declared lawfully sane? Yes \_\_\_\_\_ No \_\_\_\_\_.

Date your Kentucky license expired: \_\_\_\_\_

List the place(s) of your employment since your Kentucky license expired. Account for all time. If additional space is needed, please attach a separate sheet containing that information.

Facility	City, State	Dates of Employment	Position
Facility	City, State	Dates of Employment	Position
Facility	City, State	Dates of Employment	Position

**REQUIREMENTS FOR REINSTATEMENT:**

- Submit verification form from each state in which you have held or currently hold a license.
- Submit a current OR initial copy of your large NBCOT certificate.
- If your license has been terminated for three (3) years or LESS from the time the application is filed, submit twelve (12) CCUs of qualified activities for maintaining continuing competence for EACH year in which your license has been in the status prior to receiving the license.
- If your license has been terminated for three (3) years or MORE from the time the application is filed, submit thirty-six (36) CCUs of qualified activities for maintaining continuing competence.

**APPLICANT'S AFFIDAVIT**

I, the applicant named in the above, do hereby certify under penalty of law that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any such misrepresentation or falsification, my application could be rejected or my license revoked by the Kentucky Board of Licensure for Occupational Therapy.

DATE \_\_\_\_\_ APPLICANT'S SIGNATURE \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE -- FOR BOARD AND OFFICE USE ONLY**

\*\*\*\*\*

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ License # \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_ Date Issued \_\_\_\_\_

Board Member Initials \_\_\_\_\_

03/2012